

~~SECRET~~
(When Filled In)

REQUEST FOR REIMBURSEMENT OR PAYMENT					1. VOUCHER NO.	
3. NAME OF CLAIMANT (LAST, FIRST, MIDDLE INITIAL)					4. EMPLOYEE NO.	
					5. OFFICE O/D/OIT/DA	
PAYABLE TO		ROOM	BUILDING	EXTENSION	AMOUNT	
		3C			\$53.15	
6. PROJECT NUMBER		7. TYPE OF ADVANCE		8. ACTIVITY NUMBER		9. DUE DATE
PURPOSE (FIRST 24 CHARACTERS OF EACH LINE WILL BE ENTERED):						
10. WHAT: Computer books on software products						
11. WHERE: Dalton Bookseller and Crown Books						
12. WHEN: 1/1/88						
13. WHY: office use						
16. OBLIGATION REFERENCE NO.			14. EXP CODE		15. AGENCY CODE	
TYPE ORN	SUB #	17. SOC	LIQ CD	18. AMOUNT		
P	1					
S	1					
S	1					
S	1					
PAYMENT INSTRUCTIONS				I CERTIFY FUNDS ARE AVAILABLE DATE AUTHORIZED SIGNATURE DATE <i>1/25/88</i> CEI DATE		
CERTIFICATION (Check when applicable) <input type="checkbox"/> REIMBURSEMENT <i>I certify that the disbursements itemized above were necessarily made by me and that I have not been nor will I be reimbursed therefor from any other source and that this claim and attachments are true and correct.</i> <input type="checkbox"/> PERSONAL SERVICES <i>The amount requested is due the payee for satisfactory performance of duties in accordance with the terms of his contract or other written or oral agreements.</i>				DESIGNATION OF AGENT TO PICK UP FUNDS <i>I authorize my agent, whose signature appears below, to receive \$_____ of official funds on my behalf and acknowledge receipt of such funds and my responsibility therefor, when paid to my agent.</i> DATE SIGNATURE OF AGENT 1/25/88 DATE "		
DATE		SIGNATURE		AMOUNT		CHECK NO.
TRANS CODE	CODING AREA			MONETARY CONTROL	AMOUNT	
DATE	PREPARED BY	EXT	DATE	REVIEWED BY	TOTAL	

FORM 1-84 264 USE PREVIOUS EDITION

~~SECRET~~

I - PAYMENT COPY

(49-51)